

A/Re

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231	Attorney Docket No.	P54757RE2.
	First Named Inventor	OK-HYUN SON
	Original Patent Number	5,963,387
	Original Patent Issue Date (Month/Day/Year)	October 5, 1999
	Express Mail Label No.	

10/05/01
 1129 U.S. PTO

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declarations (not executed) <i>(37 C.F.R. §1.175)(PTO/SB/51 or 52)</i> 6. <input type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) -combined in Declaration <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) -combined in Declaration	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration 8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- -combined in Declaration 9. <input type="checkbox"/> Foreign Priority Claim <i>(35 U.S.C. 119) (If applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(If applicable)</i> 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Other: _____

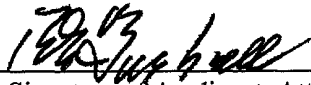
15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		008-439 <i>(Insert Customer No. Or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	ROBERT E. BUSHNELL and Law Firm				
Address	1522 K Street, N.W., Suite 300				
City	Washington	State	D.C.	Zip Code	20005-1202
Country	U.S.A.	Telephone	(202) 408-9040	Fax	(202) 289-7100

NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature	<i>Robert E. Bushnell</i>	Date	5 October 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P54757RE2			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	×\$ ____ =		or	×\$ 18 =	252.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 9	* 6 =	×\$ ____ =			×\$ 84 =	504.00
Basic Fee (37 CFR 1.16(h))					\$ ____	OR	\$ 740.00	
Total Filing Fee					\$		\$ 1,496.00	
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =		or	×\$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =			×\$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ To cover the filing/additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> A filing fee of \$1,496.00 does NOT accompany this time, and will be paid in due course.</p>								
5 October 2001 Date				 Signature of Applicant, Attorney or Agent of Record Robert E. Bushnell Typed or printed name				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent & Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: OK-HYUN SON

Original Patent No. 5,963,387 issued on 5 October 1999

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 5 October 2001

Art Unit: *to be assigned*

For: METHOD FOR FORMING AND PROCESSING DATA ADDRESS MARK FOR
HARD DISK DRIVE


TRANSMITTAL OF UNSIGNED DECLARATIONS

Assistant Commissioner
for Patents
Washington, D.C. 20231
Box: REISSUE

Sir:

This transmittal accompanies the unsigned Declarations for Reissue Application by Inventor(s) and Assignee wherein Declaration as to Loss of Letters Patent is incorporated for the above-captioned reissue application. Executed Declarations will be submitted to the U.S. Patent & Trademark Office upon receipt of a serial number for the above-captioned application.

Respectfully submitted,



Robert E. Bushnell,
Attorney for the Applicant
Registration No.: 27,774

Suite 300, 1522 "K" Street, N.W.
Washington, D.C. 20005
(202) 408-9040

Folio: P54757RE2
Date: 5 October 2001
I.D.: REB/kf